

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/018208	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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46			1							
47			1							
48			1							
49			1							
50			1							
TOTAL IND.			4							
TOTAL DEP.			17							
TOTAL CLAIMS			21							
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										